

FILE NO. 399

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **895**

1. PLACE OF DEATH: **Jackson**  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
 (c) Name of hospital or institution: **K.C. General Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **12 days**  
 In this community **4 years**  
 years, months or days

3. (a) PRINT FULL NAME **WALTER CAMPBELL**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **May 15 1874**  
 (Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **11**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Irish**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Steam Fitter**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **John Campbell**

18. Birthplace **Ireland**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Mrs. Hogan**  
 (City, town, or county) (State or foreign country)

15. Birthplace **Ireland**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **John B. Campbell**

(b) Address **1111 Agner**

17. (a) **Buried** (b) Date thereof **Feb 28 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Calvary**

18. (a) Signature of funeral director **Mrs. C. J. Carter**

(b) Address **W. M. City Mo**

19. (a) **2-28-40** (b) **M. M. Crowe**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1010 East 27th St.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Feb.** day **28th**  
 year **1940** hour **2** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **2-14-40**, 19\_\_\_\_, to **2-26-40**, 19\_\_\_\_;  
 that I last saw him alive on **2-26-40**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis bilateral; bronchiectasis  
 Pulmonary congestion**

Due to **27**

Due to \_\_\_\_\_

Other conditions **Polycystic nephritis**  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy **See above**  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature **P. J. De Maria M.D.** (M. D. or other)  
 Address **Supt. K. C. Gen. Hospital, K. C. Mo** Date **2-27-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-30  
 I X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**